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EXECUTIVE SUMMARY

Problem

Operational Maneuver From The Sea (OMFTS) is a US Marine Corps doctrinal concept that describes military operations characterized by rapid tempo, momentum, and flexibility. Such operations require a medical support system that can keep pace with the speed and mobility of assault forces. To accomplish this objective, the logistical footprint of the forward resuscitative surgical function must be reduced without compromising the quality of clinical care rendered.

Objective

The clinical requirements of the Shock Surgical Team/Triage (SST), Acute Care Ward (Ward), and Operating Room (OR) at Echelon II determine in large part the contents of pharmacy Authorized Medical Allowance Lists (AMALs). This study evaluated current pharmacy AMALs 629 (Equipment) and 630 (Consumables) and proposed changes to them as a function of previously established clinical requirements for the SST, Ward, and OR.

Approach

The complete Fleet Marine Force AMAL list was converted to an Excel document, and was sorted by National Stock Number. Then each item from AMAL 630, pharmacy supplies, was located to determine whether it was unique to the pharmacy. If a drug found in the pharmacy also was found in the OR, SST, or Ward, it was possibly redundant because both areas provide Echelon II care. Therefore, previous studies using the Naval Health Research Center model were examined to determine supply requirements for the SST, Ward, and OR. The results of the previous studies listed the supplies needed to perform each task, along with the dosage required for each patient. Multiplying the dosage by the Deployable Medical Systems-generated expected number of patients produced the total amount required for each drug. If the requirement was fulfilled by the SST, Ward, or OR, then the duplicate item in the pharmacy was considered redundant. If not, the additional quantity needed to fill the requirement was retained in the pharmacy. The previous studies also labeled drugs that would be supplied to the SST, Ward, and OR only by the pharmacy. Using the same method, the clinical requirements for these drugs were calculated. Drugs that were found in both the Battalion Aid Station (BAS) and the pharmacy were unlikely to be redundant because the BAS and the pharmacy function independently at different echelons. Therefore, these items were retained in both AMALs. Each item in AMAL 629, pharmacy equipment, was retained in quantities sufficient for two people to carry out their duties. Items that could not be matched to a specific task were not considered for inclusion in the proposed AMAL.

Results

Reductions in number of items, unit weight, and unit cube were proposed for pharmacy AMALs 629 and 630. As a result of this analysis, proposed AMAL 629 showed a 55% reduction in number of items, 2% reduction in total weight, and a 3% reduction in total cube. Proposed AMAL 630 showed a 69% reduction in number of items, a 65% reduction in total weight, and a 24% reduction in total cube.

Conclusion

Using the results of previous AMAL analyses conducted by the Naval Health Research Center to examine the pharmacy AMALs has resulted in significant reductions in weight and cube, contributing to the faster response times and greater flexibility required by OMFTS doctrine. This has been accomplished without compromising clinical capability because the pharmacy supplies, especially drugs, have been linked to clinical requirements generated by the SST and Ward. It will be important to maintain pharmacy AMALs along with those of the other functional areas in the Surgical Company to ensure that vital medications are available when needed, and also to avoid the problem of retaining redundant or unnecessary supplies. Continuing evaluation of the pharmacy supplies in the context of other functional areas will result in the most efficient supply configuration for storing and dispensing medicines.

EVALUATION OF PHARMACY SUPPLIES AS A FUNCTION OF SURGICAL COMPANY CLINICAL REQUIREMENTS

The nature of the US Marine Corps mission is changing. The Operational Maneuver From The Sea¹(OMFTS) doctrinal concept describes the Marine Corps as a rapid reaction force with a sea-based operational station that allows rapid progress from ship to objective without the shore buildup that characterized previous operations. The OMFTS concept, with its emphasis on rapid tempo, momentum, and flexibility, will require a medical support system that can keep pace with the speed and mobility of assault forces.

It is likely that Marine units will be widely dispersed and highly mobile, with casualties occurring in far-forward positions. Thus, medical support teams must be rapidly deployable, and equipped with lighter, more flexible resources. The development of modular, efficient Authorized Medical Allowance Lists (AMALs) will be an important factor in achieving the goals of speed and mobility. Mission-specific standards of care and clinical requirements for the items pushed forward must be established so that only those items required to achieve the standards of care are transported. Accomplishing this objective requires reducing the logistical footprint of the forward resuscitative surgical function, without compromising the quality of clinical care rendered by forward forces.²

The Naval Health Research Center (NHRC), San Diego, California, has evaluated most of the Marine Corps medical supply blocks. These include the Battalion Aid Station (BAS), and the laboratory, x-ray, Shock Surgical Team/Triage (SST), Acute Care Ward (Ward), and Operating Room (OR) functional areas of the Surgical Company. Significant reductions in material requirements have been achieved in all of these AMALs by modeling the clinically relevant elements of a given theater of operations, retaining in the supply stream only those items with an identified clinical requirement.²⁻⁵

Headquarters, Marine Corps, Quantico, Virginia, Marine Corps Systems Command (MARCORSYSCOM), and the Joint Readiness Clinical Advisory Board (JRCAB), Fort Detrick, Maryland, have voiced support for the NHRC approach. Consequently, MARCORSYSCOM AMAL management and the Naval Medical Logistics Command, Fort Detrick, Maryland, have worked to incorporate changes generated by the NHRC model into the AMAL lists.² It is hoped that through continued cooperation substantial improvement in the AMALs can be achieved.

METHOD

Overview of the NHRC Model

The NHRC model for Echelons I and II was designed to interface with the Echelons III and IV Deployable Medical Systems (DEPMEDS) model, which consists of relational databases called the Time, Task, Treater files. The DEPMEDS model was developed to

standardize medical materiel and to assemble it into sets so that each of the services could configure medical facilities according to its own unique requirements. The data in the DEPMEDS model are based on treatment protocols for 319 patient conditions (PCs), each labeled with a short description and a number between 1 and 350. The PCs represent a grouping of closely related diagnoses that are considered to be representative of the injuries expected to occur in theater. To build upon this existing standard, the structural characteristics of the Echelon I and II NHRC databases are compatible with those of the DEPMEDS Time, Task, Treater files.

The 350 DEPMEDS PCs, listed in Appendix A, form the core around which the NHRC Echelon I and II medical supply model was developed. The medical tasks required to treat each PC at Echelon IA—Battlefield, Echelon IB—BAS, and Echelon II—Surgical Company were identified, and the tasks were linked to the appropriate supplies needed to carry them out. Finally, these PC-Task-Supply profiles were validated by a panel of subject matter experts.

Equipment AMALs contain the equipment and reusable materiel needed to establish the functional area. To project equipment requirements, each item considered for inclusion in a given AMAL was linked to a known medical task that would be performed in that functional area. For example, items in AMAL 631, the SST equipment AMAL, were linked to tasks that are performed in the SST. Quantities sufficient to provide care to a given number of patients by a predetermined number of providers were calculated.

Consumable AMALs contain disposable items that are used only once. Consumables also were linked to medical tasks for specified functional areas. Since consumable requirements are determined by the expected number of patients for each PC, it was necessary to project a casualty stream. The Army's Patient Generating Model (PATGEN), a validated tool for projecting casualties, was used to determine a 60-day, worst-case operational scenario. Consumables sufficient to treat the projected number of patients for each PC for the length of their stay in a given functional area were calculated.

The Pharmacy

AMAL 629, pharmacy equipment, contains the equipment and reusable materiel required to establish a pharmacy. There are 17 per Marine Expeditionary Force (MEF). AMAL 630, pharmacy supplies, provides consumables sufficient to provide pharmacy support for 1,000 persons for 30 days, and there are 83 of these per MEF. Each Surgical Company has two pharmacies.

The determination of pharmacy requirements differs from that of other functional areas in the Surgical Company. Consumable supplies of the OR, SST, and Ward are determined by tasks directly related to patient care within their units, but some of the drugs needed in these areas are kept only in the pharmacy. For example, acetaminophen is clinically required for patient care both in the SST and Ward, but it is stored and dispensed only by the pharmacy. Because all of the drugs in the pharmacy are used in other areas of the Surgical Company (primarily the OR, SST) and Ward, the requirements for these areas determine what drugs the pharmacy stocks. Equipment requirements also differ in that

pharmacy equipment is used to dispense medications used in other areas, while patient care (OR, SST, and Ward) or ancillary (x-ray and lab) AMALs contain equipment that is used for treatment or diagnosis of patients within the area.

Approach

The complete Fleet Marine Force AMAL list was converted to an electronic database, and was sorted by National Stock Number (NSN). Then each item from AMAL 630 was located to determine whether or not it was unique to the pharmacy. If a drug found in the pharmacy also was found in the OR, SST, or Ward, it was possibly redundant because both areas provide Echelon II care. Therefore, previous studies²⁻⁵ using the NHRC model were examined to determine supply requirements for the SST, Ward, and OR. The results of the previous studies listed the supplies needed to perform each task, along with the dosage required for each patient. Multiplying the dosage by the DEPMEDS-generated expected number of patients produced the total amount required for each drug. If the requirement was fulfilled by the SST, Ward, or OR, then the duplicate item in the pharmacy was considered redundant. If not, the additional quantity needed to fill the requirement was retained in the pharmacy. The previous studies also labeled drugs that would be supplied to the SST, Ward, and OR only by the pharmacy. Using the same method, the clinical requirements for these drugs were calculated. Drugs that were found in both the BAS and the pharmacy were unlikely to be redundant because the BAS and the pharmacy function independently at different echelons. Therefore, these items were retained in both AMALs.

The items were researched to determine whether the type of a particular drug was the DMSB-approved standard. Whenever possible, the standardized medications were used. The indications for each drug were also investigated. If there was duplication in the uses for drugs, one of them was considered redundant. For example, two over-the-counter remedies for hemorrhoids were stocked, and only the standardized item was retained.

Some of the drugs in the pharmacy were unique to that AMAL, and there were no PC-linked clinical requirements for them. When this occurred, the indications for the drug were considered. If the drug was intended to treat a condition that was likely to occur, but for which there was no PC, it was retained. An example of this is isoniazid, which is used as a prophylactic or treatment for tuberculosis. Other items, such as aspirin, were retained because they are commonly used for minor maladies, or as a first response to a suspected cardiac event, even though there is no specific clinical requirement for them.

Each item in AMAL 629 was retained in quantities sufficient for two people to carry out their duties. Items that could not be matched to a specific task were not considered for inclusion in the proposed AMAL.

RESULTS AND DISCUSSION

AMAL 629 – Pharmacy Equipment

The current pharmacy equipment AMAL 629 contains only 11 items. Five storage items, including a refrigerator, chests, and a cabinet, have been retained in the proposed AMAL.

The number of items of equipment used for dispersing medications, such as spatulas, tablet and capsule counting trays, and a numbering wheel, have been reduced; proposed quantities of these items are sufficient for the personnel who use them. Two sizes of glass measuring containers have been eliminated because, although they are reusable, they are not sterile. The differences between the current and proposed AMAL 629 in price, weight, and cube are shown in Table 1. Appendix B contains the proposed pharmacy equipment AMAL 629.

Table 1. Comparison Between Current and Proposed Pharmacy Equipment AMAL 629

	Quantity	Total Price	Total Weight	Total Cube
Current AMAL 629	29.00	\$ 2701.25	274.52	31.60
Proposed AMAL 629	13.00	\$ 2468.45	268.90	30.57
Reduction	16.00	\$ 232.80	5.62	1.03
Percent	55%	9%	2%	3%

AMAL 630 - Pharmacy Consumables

Drugs Not Unique to Pharmacy. There are no duplications in the OR and pharmacy AMALs. Only four drugs that are stocked in either the SST or the Ward AMALs are also carried in the pharmacy. AMAL 634, Ward supplies, contains sufficient codeine phosphate and acetaminophen tablets and diphenhydramine hydrochloride capsules to fulfill its own requirements; however, the pharmacy supplies both of these drugs to the SST. Therefore, both drugs were retained in the pharmacy in sufficient quantities to meet SST requirements and, since both are frequently used, to cover sick call and any shortages in the Surgical Company. Two other drugs, gentamicin sulfate ophthalmologic solution and sulfadiazene silver cream, are carried in both the SST and the Ward, in addition to the pharmacy. Because both drugs are frequently used, they were retained in the pharmacy in case additional quantities were needed in the SST or the Ward. Twenty-six drugs were carried in both the BAS and the pharmacy, but these duplications were not a factor in determining the proposed pharmacy AMAL.

Drugs Unique to Pharmacy. The current pharmacy AMAL lists no OR requirements that are supplied by the pharmacy, but the OR AMAL review panel proposed that scopolomine be added to the pharmacy for use in the OR. Results of previous studies show that the pharmacy is responsible for 27 drugs that are required by either the SST, the Ward, or both. Table 2 shows that 10 have clinical requirements in both the SST and the Ward, 5 are required by the SST, and 12 are required by the Ward. Three of these, brompheniramine maleate, loperamide hydrochloride, and ranitidine, are not listed in the current AMAL; only loperamide is proposed for addition. Two other drugs have been proposed for deletion. Miconazole nitrate cream is an antifungal preparation for women, and female-specific medications are not included at Echelon II. Dibucaine ointment, a hemorrhoid medication, is redundant with Anusol® cream (hydrocortisone acetate and pramoxine hydrochloride cream). It is proposed that quantities of all other drugs be decreased.

Table 2. AMAL 630 Consumables With Clinical Requirements in SST and/or Ward

NSN	Nomen	SST	Ward
6505009857301	Acetaminophen	✓	✓
6505012069246	Acyclovir Caps	✓	✓
6505005799110	Bacitracin	✓	1
6505012073738	Brompheniramine		✓
6505010235011	Clotrimazole Cream	V	✓
6505004002054	Codeine&Acetamin.	1	
6505010985802	Diazepam Tabs	1	√
6505002999535	Dibucaine Ointment		✓
6505003697289	Dicloxacillin Sod Caps	1	✓
6505001168350	Diphenhydramine HCl	1	······································
6505000095063	Doxycycline Hyclate	√	✓
6505011134758	Erythromycin Tabs	1	. 1
6505010222646	Gentamicin Sulf Ophth		✓
6505014070381	Griseofulvin Tabs		1
6505013480278	Guaifenesin Caps		1
6505012816758	Hydrocortisone Acetate	1	√
6505009262095	Hydrocortisone Cream		1
6505012149062	Ibuprofen Tabs		1
6505010666568	Loperamide HCl Caps		✓
6505011561844	Magnesia Alumina		/
6505008901840	Metronidazole Tabs	✓	
6505010498881	Miconazole Nitrate Crm	V	
6505010141378	Neomycin&Poly B Otic	✓	✓
6505011607702	Ranitidine Tabs		√
6505001839419	Sulfacetamide Sod Ophth		✓
6505001394600	Tetrahydroz HCl Ophth		✓
6505010083054	Undecylenic Acid Pwdr	✓	

An additional 28 drugs are unique to the current pharmacy supply AMAL, but have no clinical requirements in other functional areas. Of these, 18 were eliminated from the proposed pharmacy consumable AMAL for various reasons. Some were deleted because they were redundant with other medications, including antibiotics, such as penicillin V and ampicillin; topical treatments, such as coal tar shampoo and calamine lotion; cold remedies; and pain medications, such as codeine sulfate tablets. Those drugs used to treat conditions that have no PC and a low frequency of occurrence at Echelon II, such as probenecid for hyperuremia, were also eliminated from consideration. Several of the drugs are used for conditions that are not treated at Echelon II, for example, levothyroxine sodium for hypothyroidism. Drugs that were retained include isoniazid, used to protect against tuberculosis, insulin, and dilantin, which were retained in case of emergency. Over-the-counter drugs such as aspirin, tolnaftate, and cimetidine, which are frequently used for minor ailments, also were retained in reduced quantities. Pyridoxine tablets replace ascorbic acid for use with isoniazid as a tuberculosis prophylaxis.

Nine nondrug consumables were included in AMAL 630. These included items such as medicine bottles, labels, ointment jars, and lamps. Except for the ointment jars, all of

these were retained. The number of lamps did not change; however, the quantity of prescription bottles and labels was decreased.

Overall, the number of items, unit weight, and unit cube showed significant reductions between the current and proposed AMAL 630. Results are shown in Table 3. Appendix C contains the proposed AMAL 630, pharmacy supplies.

Table 3. Comparison Between Current and Proposed Pharmacy Consumables AMAL 630

	Quantity	Total Price	Total Weight	Total Cube
Current AMAL 630	919.00	\$ 6598.63	233,48	17.55
Proposed AMAL 630	289.00	\$ 1778.84	82.22	13.35
Reduction	630.00	\$ 4819.79	151.27	4.20
Percent	69%	73%	65%	24%

CONCLUSIONS

Using the results of previous AMAL studies²⁻⁵ to examine the pharmacy AMALs has resulted in significant reductions in weight and cube, contributing to the faster response times and greater flexibility required by OMFTS doctrine. More importantly, no decrease in clinical capability has resulted, because the pharmacy supplies, especially drugs, have been linked to clinical requirements generated by the SST and Ward.

Because the pharmacy does not, essentially, generate its own clinical requirements, it is important to maintain pharmacy AMALs along with those of the other functional areas in the Surgical Company. For example, if the clinical requirement for a particular drug changes in the SST or Ward, the pharmacy AMAL should immediately reflect that change. This will ensure that vital medications are available when needed, and also will avoid the problem of retaining redundant or unnecessary supplies. Continuing evaluation of the pharmacy supplies in the context of other functional areas will result in the most efficient supply configuration for storing and dispensing medicines.

Improved packaging and disposable supplies have made it possible to store many drugs in the functional area where they are used rather than in the pharmacy. To streamline operations and also to optimize the expertise of personnel in light of this development, the pharmacy might perform functions such as the resupply of drugs for the SST, Ward, and OR. Medical personnel, such as nurses, would then have more time for direct patient care, and the efficiency of the Surgical Company would be enhanced.

Using the NHRC model has demonstrated that significant reductions in the logistical burden carried by Marine Corps forces can be achieved by modeling the clinically relevant elements of the theater of operations. The supply requirements for the delivery of medical care in far-forward medical areas have all been linked to the medical tasks for which they are required. Finally, the pharmacy requirements have been evaluated relative to the clinical requirements of the SST and the Ward. As Marine Corps doctrine requires more mobile and flexible deployable medical systems, the NHRC model can be used as a tool in the efficient configuration of medical supplies for a wide range of scenarios.

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APPENDIX A

Patient Condition List

- Cerebral concussion closed with/without nondepressed linear skull fracture severe loss of consciousness from 2 to 12 hours
 - Cerebral concussion closed with/without nondepressed linear skull fracture moderate loss of consciousness less than 2 hours 002
- Cerebral contusion closed with/without nondepressed linear skull fracture severe loss of consciousness greater than 24 hours with focal 003
- Cerebral contusion closed with/without nondepressed linear skull fracture moderate loss of consciousness from 12-24 hours without focal 904
- Cerebral contusion closed with intracranial hematoma with/without nondepressed linear skull fracture severe large hematoma (including epidural hematoma) with rapidly deteriorating comatose patient 005
 - Cerebral contusion closed with nondepressed linear skull fracture severe loss of consciousness greater than 24 hours with/without focal neurological deficit 900
- Cerebral contusion closed with depressed skull fracture severe with associated intracerebral hematoma and/or massive depression 007 800
- Cerebral contusion with open skull fracture severe with intracranial fragments and/or depressed skull fracture; eyelid and eyeball laceration Cerebral contusion closed with depressed skull fracture moderate - no associated hematoma or significant effect from depression with retained intraocular foreign body 600
 - Cerebral contusion with open skull fracture moderate without intracranial fragments and/or depressed skull fracture 010
 - intracranial hemorrhage spontaneous nontraumatic all cases
 - 012
- Wound scalp open without cerebral injury or skull fracture severe scalped with avulsion of tissue 013
 - Wound scalp open without cerebral injury or skull fracture moderate scalp laceration 014
 - Fracture facial bones closed exclusive of mandible severe multiple fractures 015
- Fracture facial bones closed exclusive of mandible moderate single fracture 910
- Wound face jaws and neck open lacerated with associated fractures excluding spinal fractures severe with airway obstruction 017
- Wound face jaws and neck open lacerated with associated fractures excluding spinal fractures moderate without airway obstruction; eyelid and eyeball laceration with retained intraocular foreign body
 - Wound face and neck open lacerated contused without fractures severe with airway obstructions and/or major vessel involvement
 - Wound face and neck open lacerated contused without fractures moderate without airway obstruction or major vessel involvement 020
- Eye wound lacerated moderate without retinal detachment or retinal injury no foreign body retained without loss of vitreous fluid patient Eye wound severe - loss of intraocular fluid with/without retinal detachment, with severe lid laceration, eye not salvageable 021 022
 - has hyphema eye salvageable Hearing impairment severe
- Hearing impairment moderate 024
- Fracture spine closed without cord damage unstable lesion 025
 - Fracture spine closed without cord damage stable lesion 026
- Fracture spine closed with cord damage cervical spine with respiratory involvement

- Fracture spine closed with cord damage below cervical spine (progressive)
- Fracture spine open with cord damage cervical spine with respiratory involvement
 - Fracture spine open with cord damage below cervical spine (progressive)
- ntervertebral disc disorders with nerve root compression resistant to bed rest/traction 031
- intervertebral disc disorders with nerve root compression responding to bed rest/traction 032
 - Strains and sprains sacroiliac region severe nonambulatory 033
 - Strains and sprains sacroiliac region moderate ambulatory 034
- Burn thermal superficial head and neck greater than 5% but less than 10% of total body area and/or eye involvement 035
 - Burn thermal superficial head and neck less than 5% of total body area and no eye involvement 036
- Burn thermal partial thickness head and neck greater than 5% but less than 10% of total body area and/or eye involvement 037
 - Burn thermal partial thickness head and neck less than 5% of total body area and no eye involvement 038
- Burn thermal full thickness head and neck greater than 5% but less than 10% of total body area with eye involvement 039
 - Burn thermal full thickness head and neck less than 5% of total body area and no eye involvement 040
 - Fracture clavicle closed all cases 041
- Wound shoulder girdle open with bone injury severe joint involvement 042
- Wound shoulder girdle open with bone injury moderate no joint involvement 043
 - Fracture humerus closed upper shaft all cases 044
- Wound upper arm open penetrating lacerated without fracture severe with nerve and/or vascular injury 045
- Wound upper arm open penetrating lacerated without fracture moderate without nerve or vascular injury 046
 - Wound upper arm open with fractures and nerve and vascular injury arm nonsalvageable 047 048
 - Wound upper arm open with fractures and nerve injury no vascular injury arm salvageable 049
 - Fracture radius and ulna closed severe shafts of bones
- Fracture radius and ulna closed moderate colles fracture 050 051
- Wound forearm open lacerated penetrating without bone nerve or vascular injury with major loss of muscle tissue severe requiring major debridement
- Wound forearm open lacerated penetrating without bone nerve or vascular injury moderate not requiring major debridement 052 053
 - Wound forearm open lacerated penetrating with fracture and with nerve and vascular injury forearm not salvageable Wound forearm open lacerated penetrating with fracture and with nerve and vascular injury forearm salvageable 054
 - Fracture hand or fingers closed severe requiring closed reduction 055
 - Fracture hand and/or fingers closed moderate not requiring closed reduction 056
- 057
- Wound hand and/or fingers open lacerated without fractures severe superficial and deep tendon involvement
- Wound hand and/or fingers open lacerated without fractures moderate no tendon involvement or limited to sublimis tendon involvement
 - Wound hand open lacerated contused crushed with fracture(s) all cases involving fractures of carpals and/or metacarpals Wound fingers open lacerated contused crushed with fracture(s) of phalangeals requiring rehabilitation

- Crush injury upper extremity severe limb not salvageable
 - Jrush injury upper extremity moderate limb salvageable
 - Not assigned 063
- Dislocation shoulder closed all cases 064
- Dislocation/fracture elbow closed acute all cases
 - Not assigned 990
- Dislocation hand or wrist closed acute **190**
 - Dislocation fingers closed acute 890
- Amputation hand traumatic complete all cases 690
- Amputation forearm traumatic complete all cases 070
- Amputation full arm traumatic complete all cases 071
 - Sprain wrist closed acute all cases 072
 - Sprain thumb closed acute severe 073
- Sprain fingers closed acute moderate no thumb involvement 074
- Burn thermal superficial upper extremities greater than 10% but less than 20% of total body area involved 075
 - Burn thermal superficial upper extremity less than 10% of total body area involved 9/0
- Burn thermal partial thickness upper extremities greater than 10% but less than 20% of total body area involved 770
 - Burn thermal partial thickness upper extremity less than 10% of total body area involved 8/0 620
- Burn thermal full thickness upper extremities greater than 10% but less than 20% of total body area involved Burn thermal full thickness upper extremity less than 10% of total body area involved 080
 - Fracture ribs closed severe multiple fractures 081
 - Fracture rib(s) closed moderate 082
- Injury lung closed (blast crush) with pneumohemothorax severe one lung with pulmonary contusion and acute severe respiratory distress 083 084
 - Injury lung closed (blast crush) with pneumohemothorax moderate one lung with pulmonary contusion and respiratory distress 085
 - Wound thorax (anterior or posterior) open superficial lacerated contused abraded avulsed requiring major debridement
- Wound thorax (anterior or posterior) open superficial lacerated contused abraded avulsed not requiring major debridement 980 087
- Wound thorax (anterior or posterior) open penetrating with associated rib fractures and pneumohemothorax acute severe respiratory distress Wound thorax (anterior or posterior) open penetrating with associated rib fractures and pneumohemothorax moderate respiratory distress 880
 - Not assigned 680
- Burn thermal superficial trunk greater than 20% but less than 30% of total body area involved 060
- Burn thermal superficial trunk greater than 10% but less than 20% of total body area involved 091
- Burn thermal partial thickness trunk greater than 20% but less than 30% of total body area involved 092
- Burn thermal partial thickness trunk greater than 10% but less than 20% of total body area involved
 - Burn thermal full thickness trunk greater than 20% but less than 30% of total body area involved

- Burn thermal full thickness trunk greater than 10% but less than 20% of total body area involved 095
- Wound abdominal wall (anterior or posterior) lacerated abraded contused avulsed without entering abdominal cavity severe requiring major 960
- Wound abdominal wall (anterior or posterior) lacerated abraded contused avulsed without entering abdominal cavity not requiring major debridement 260
- Wound liver closed acute (crush fracture) major liver damage
 - Wound liver closed acute (crush fracture) minor liver damage 660
 - Wound spleen closed acute (crush fracture) all cases 100
- Wound abdominal cavity open with lacerating penetrating perforating wound to the large bowel 101
- Wound abdominal cavity open with lacerating penetrating perforating wound to the small bowel without major or multiple resections 102
 - Wound abdominal cavity open with penetrating perforating wound of liver major damage 103
- Wound abdominal cavity open with penetrating perforating abdominal wound with lacerated liver 104 105
 - Wound abdominal cavity open with penetrating perforating wound of spleen 901
- Wound abdominal cavity open with lacerated penetrating perforating wound with lacerated kidney initially repaired but subsequent Wound abdominal cavity open with lacerated penetrated perforated wound with shattered kidney nephrectomy 107
- Wound penetration of pelvis with severe organ damage
- Wound penetration of pelvis with moderate organ damage
- Wound buttocks severe open lacerated penetrating perforating and avulsed 110
 - Wound buttocks moderate open lacerated contused and abraded 111
- Displaced fracture of pelvis closed with associated soft tissue damage and pelvic organ damage
 - Nondisplaced fracture of pelvis closed with associated soft tissue damage 113
- Wound abdomen open with pelvic fracture and penetrating perforating wounds to multiple pelvic structures (male or female)
 - Wound abdomen open with pelvic fracture and penetrating perforating wounds to pelvic colon only (male or female)
 - Wound external genitalia male severe lacerated avulsed crushed
 - Wound external genitalia male moderate abraded and contused
- Wound external genitalia female severe lacerated avulsed crushed 118
 - Wound external genitalia female moderate abraded contused
 - Fracture closed femur shaft all cases 120
- Wound thigh open without fracture nerve or vascular injury requiring major debridement 121
- Wound thigh open without fracture nerve or vascular injury not requiring major debridement
- Wound thigh open lacerated penetrating perforating with fracture and nerve/vascular injury limb not salvageable
- Wound thigh open lacerated penetrating perforating with fracture and nerve and/or vascular injury limb salvageable
 - Wound knee open lacerated penetrating perforating with joint space penetration shattered knee

- Wound knee open lacerated penetrating perforating with joint space penetration articular cartilage damage no bone injury Fracture closed tibia and fibula shaft all cases

 - Wound lower leg open lacerated penetrating perforating without fractures requiring major debridement
- Wound lower leg open lacerated penetrating perforating with fracture and nerve/vascular injury limb not salvageable Wound lower leg open lacerated penetrating perforating without fractures not requiring major debridement 130
- Wound lower leg open lacerated penetrating perforating with fracture and nerve and/or vascular injury limb salvageable 31
 - Fracture ankle/foot closed displaced requiring reduction 32
- Fracture ankle/foot closed nondisplaced not requiring reduction 33
- Wound ankle foot toes open lacerated contused without fractures but requiring major debridement 134
 - Wound ankle foot toes open lacerated contused without fractures not requiring major debridement 135
- Wound ankle foot toes open penetrating perforating with fractures and nerve and/or vascular injury limb salvageable Wound ankle foot toes open penetrating perforating with fractures and nerve/vascular injury limb not salvageable 36 137
 - Crush injury lower extremity limb not salvageable 138
 - Crush injury lower extremity limb salvageable 139
 - Dislocation hip closed acute all cases 140
- Tear ligaments knee acute complete rupture [4]
- Fear ligaments knee acute incomplete rupture 42
 - Dislocation toes closed acute all cases 143
- Amputation foot traumatic complete all cases 44
- Amputation below knee traumatic complete all cases 145
- Amputation traumatic complete requiring hip disarticulation 146
 - Amputation above knee traumatic complete 147
- Sprain ankle closed acute with complete ligament rupture 148
- Sprain ankle closed acute grade 2 incomplete ligament rupture 149
- Burn thermal superficial lower extremities and genitalia greater than 30% but less than 40% of total body area involved 150
- Burn thermal superficial lower extremity and genitalia greater than 15% but less than 30% of total body area involved 51
- Burn thermal partial thickness lower extremities and genitalia greater than 30% but less than 40% of total body area involved 152 153
 - Burn thermal partial thickness lower extremity and genitalia greater than 15% but less than 30% of total body area involved Burn thermal full thickness lower extremities and genitalia greater than 30% but less than 40% of total body area involved
 - Burn thermal full thickness lower extremity and genitalia greater than 15% but less than 30% of total body area involved 55 56
 - Insect bites and stings (unspecified body area) with systemic symptoms and/or respiratory difficulty Blisters hand fingers foot toes due to friction acute moderate all cases 57
 - Bites and stings (unspecified body area) moderate localized symptoms
 - MIW brain and chest with sucking chest wound and pneumohemothorax

- MIW brain and abdomen with penetrating perforating wound colon 9
- MIW brain and abdomen with penetrating perforating wound kidney
- MIW brain and abdomen with penetrating perforating wound bladder 162
- MIW brain and abdomen with shock and penetrating perforating wound spleen 163
- MIW brain and abdomen with shock and penetrating perforating wound liver 164 165
 - MIW brain and lower limbs requiring bilateral above knee amputations
- MIW chest with pneumohemothorax and abdomen with penetrating wound colon 991
- MIW chest with pneumohemothorax and abdomen with penetrating perforating wound kidney bladder 167
 - MIW chest with pneumohemothorax and abdomen with perforating wound bladder 89 69
- MIW chest with pneumohemothorax and abdomen with penetrating perforating wound spleen MIW chest with pneumohemothorax and abdomen with penetrating perforating wound liver 170
 - MIW chest with pneumohemothorax and limbs with fracture and vascular injury 171 172
 - MIW abdomen with penetrating perforating wound of colon and bladder
 - MIW abdomen with penetrating perforating wound of colon and spleen 173
- MIW abdomen with penetrating perforating wound of colon and liver 174
- MIW abdomen and limbs with penetrating perforating wound of colon and open fracture and neurovascular injury of salvageable lower limb 9/1 175
 - MIW abdomen and pelvis with penetrating perforating wounds of spleen and bladder MIW abdomen and pelvis with penetrating perforating wound of liver and kidney 177
- MIW abdomen pelvis limbs with fracture and neurovascular injury limb salvageable and penetrating wound kidney MIW abdomen pelvis limbs without fracture or neurovascular injury and penetrating perforating wound bladder
- MIW abdomen and lower limbs with fracture and nerve injury with penetrating wound of spleen with full thickness burns to greater than 20%
- MIW abdomen and limbs without fracture or nerve injury with penetrating wound of liver 81
- MIW chest with pneumohemothorax soft tissue injury to upper limbs and penetrating wound of brain 183
- MIW chest with pneumohemothorax soft tissue injury to upper limbs and abdomen with wound of colon
 - MIW chest with pneumohemothorax pelvis and abdomen with wound of colon and bladder 184
 - MIW abdomen and chest with multiple organ damage 185
- Multiple nonperforating fragment wounds of skin and soft tissue 186
 - Trench foot immersion foot severe vesicle formation 187
- Trench foot immersion foot moderate no vesicle formation 188
 - Not assigned 189
- Frostbite full skin thickness or deeper involvement 190
 - Frostbite less than full skin thickness
- Hypothermia all cases

- Heat stroke
- **Jeat exhaustion**
- Heat cramps all cases 195
- Appendicitis acute with perforation rupture peritonitis 961
- Appendicitis acute without perforation rupture peritonitis 197
- nguinal hernia complicated direct or indirect sliding incarceration of bowel 198
- nguinal hernia uncomplicated direct or indirect no sliding no incarceration of bowel or bladder nternal derangement of knee chronic with torn meniscus and/or ligament laxity 199 200
 - Strain lumbosacral sacroiliac joint chronic all cases 201
- Eczema dermatitis seborrheic contact others affecting weight bearing or pressure areas 202 203
 - Eczema dermatitis seborrheic contact others not affecting weight bearing areas
 - Boils furuncles pyoderma requiring surgery 204
 - 30ils furuncles pyoderma all other cases 205
- Jellulitis involving face or weight bearing areas 206
- Cellulitis other than face or weight bearing areas 207
 - Dermatophytosis severe affecting feet 208
 - Dermatophytosis all other cases 209
 - Pediculosis all cases 210
 - Scabies all cases 211
- Pilonidal cyst/abscess requiring major excision 212
- Pilonidal cyst/abscess requiring minor incision 213
- ngrown toenails bilateral with secondary infections unresolvable at Echelon 2 214
 - ngrown toenails without secondary infection 215
- Herpes simplex and zoster without encephalitis all types all cases 216
 - Not assigned 217
 - Not assigned 218
- Hyperhidrosis all cases 219
- Blepharitis all cases 220
- Conjunctivitis severe all cases 221
- Conjunctivitis moderate all cases 222
 - Corneal ulcer
- Corneal abrasion
- ridocyclitis acute marked visual impairment
- fridocyclitis acute minimal visual impairment

PC DESCRIPTION

- Refraction and accommodation disorders refraction required
- Refraction and accommodation disorders replacement of spectacles required
 - Otitis externa all cases 229
- Otitis media acute suppurative all cases
 - Not assigned 231

230

- Allergic rhinitis all cases 232
- Upper respiratory infections acute including tonsillitis all cases 233
 - Bronchitis acute all cases 234
- Asthma with disabling symptoms or repeated attacks
 - Asthma other cases 236

235

- Not assigned 237
- Not assigned 238
- Acute respiratory disease severe 239
- Acute respiratory disease moderate 240
 - Not assigned 241
- Not assigned 242
- Food poisoning all organisms disabling symptoms 243
- Food poisoning all organisms moderate symptoms 244
 - Diarrheal disease severe 245
- Diarrheal disease moderate 246
- Upper gastrointestinal hemorrhage gastritis or ulcer 247
 - Oyspepsia acute all cases 248
- Peptic ulcer gastric or duodenal penetrating and/or perforating 249 250
 - Peptic ulcer gastric or duodenal uncomplicated
- Regional ileitis disabling symptoms unresponsive to treatment

251

- Regional ileitis responds to treatment 252
 - Helminthiasis all cases
 - Not assigned 253 254 255
- Migraine all cases
 - Hemorrhoidal disease all cases
 - Not assigned 256 257
- Severe hypertension
- Schemic heart disease
- Phlebitis deep vein involvement

PC DESCRIPTION PC#

- Not assigned
- enosynovitis elbow wrist shoulders etc.
 - Meningo-encephalitis uncomplicated 263
 - Meningo-encephalitis complicated 264
- Vear drowning without cervical spine injury or hypothermia all cases 265
- Foxic inhalation including burn-related respiratory injuries severe all cases 266
 - Not assigned 267
- White phosphorus burns resultant partial thickness burns < 40% TBSA all cases 268
 - Sexually transmitted diseases (STD) urethritis 269
- Sexually transmitted diseases (STD) genital ulcers and/or adenopathy 270
 - Sexually transmitted diseases (STD) complicated 271
 - Glomerulonephritis acute 272
- Glomerulonephritis chronic 273
- yelonephritis acute secondary to obstruction
 - yelonephritis acute no obstruction 275
 - Vephrotic syndrome all cases 276
- Jreteral calculus causing obstruction impacted
 - Jreteral calculus not causing obstruction 278
- Epididymitis cystitis prostatitis acute all cases
 - 3 alanoposthitis all cases 280
- Not assigned 281
- nfectious mononucleosis all cases 282
- Hepatitis infectious viral all cases 283
- Not assigned 284
- Cholecystitis acute with stones all cases 285
 - ancreatitis acute all cases 286
 - Cirrhosis all cases 287
 - Not assigned
- Veoplasms malignant 288
- Veoplasms benign 290

291

- Dysmenorrhea amenorrhea (Not included in calculation of BAS wartime supplies) Abnormal uterine bleeding (Not included in calculation of BAS wartime supplies)
- Pelvic inflammatory disease (PID) all cases (Not included in calculation of BAS wartime supplies) 2293
- Cervicitis endocervicitis with symptomatic leukorrhea (Not included in calculation of BAS wartime supplies)

- Vulvovaginitis (Not included in calculation of BAS wartime supplies)
 - Not assigned
- Tubal pregnancy all cases (Not included in calculation of BAS wartime supplies) 297
 - Not assigned 298
- Abortion spontaneous with hemorrhage (Not included in calculation of BAS wartime supplies) 299
 - Not assigned 300
 - 301
- Conduct disorders 302
- Non-psychotic mental disorders 303
- Stress reaction severe unstable slow improvement 304
 - Stress reaction severe stable slow improvement 305
 - Alcohol dependency syndrome moderate 306

 - Alcohol misuse simple intoxication 307
- Drug misuse (other than alcohol) mild or moderate Drug dependency (other than alcohol) severe 308 309
 - Stress reaction mild/moderate 310
- Eye wound lacerated penetrated with retinal injury eye salvageable 311
- Wound knee open lacerated penetrating perforating with joint space penetration no bone or articular cartilage 312
- Wound abdominal cavity open with lacerated penetrating perforating wound kidney moderate kidney salvageable 313
 - Stress reaction severe unstable delayed improvement 314
 - Stress reaction severe unstable persisting 315
- Alcohol dependency severe impending or actual DTs 316
- Drug misuse (other than alcohol) severe atypical no dependency 317
 - Stress reaction severe rapid improvement 318
- Wound fingers open lacerated contused crushed with fracture(s) of phalangeals not requiring rehabilitation 319
 - Dislocation/subluxation temporomandibular joint without fracture chronic requiring correction 320
 - Dislocation/subluxation temporomandibular joint without fracture acute initial injury 322 321
- Fracture mandible with/without oral laceration without airway involvement unstable severe requiring open reduction
 - Fracture mandible with/without oral laceration without airway involvement mild displacement stable 323
 - Stress reaction severe stable delayed improvement
 - Stress reaction severe stable persisting
 - Not assigned
- Not assigned
- Animal bites and rabies exposure

PC DESCRIPTION PC#

Trachoma all cases

Schistosomiasis all cases

Malaria severe – all species 331

Malaria moderate - all species 332

ebrile illness acute severe - except malaria and pneumonia 333

Febrile illness acute moderate 334

Snake bite 335

Not assigned 336

Not assigned 337

Not assigned 338

Jutaneous ulcers including leishmaniasis 339

Not assigned 340

Not assigned 341

Not assigned 342

Not assigned 343

Not assigned 344

Not assigned 345

3ye wound directed energy induced (laser/rfr) moderate to severe posterior nonmacular nonoptic nerve visual loss secondary to vitreous 3ye wound directed energy induced (laser) severe of macula and/or optic nerve with vitreous blood severe visual loss one or both eyes 346 347

Eye wound directed energy induced (laser) moderate nonmacular nonoptic nerve no vitreous blood 348

Eye wound directed energy induced (laser/rfr) mild to moderate anterior pain with photophobia and disruption of corneal integrity 349 350

Eye wound directed energy induced (laser) mild flash blindness no permanent damage

APPENDIX B Proposed AMAL 629 – Pharmacy Equipment

Appendix B Proposed AMAL 629 – Pharmacy Equipment

NSN	NOMEN	OTV III MII AGII III VIO	TIPR	MIL	1121
6545009143480	6545009143480 Chest Medical Instrument&Supply Set Field #3 30x18x10" Aluminim	1 00 Fa	274 30	25.00	260
6545009143500	6545009143500 Cheet Mice Fld #5 30" 1 X 18" W 16" D	2001		20.00	0.00
70707170001700	CONTRACTOR AND	1.00 Ea	469.63	33.00	00.9
0343009143483	6242009143482 Insert Cabinet Med Instr & Sup Set Chest Aluminum 10 Drawers	1.00 Ea	731.23	38.00	3.50
6545002998649	6545002998649 Insert Cabinet Medical Instrument & Supply Set Chest	1.00 Fa	124 73	60.00	3 00
7520001627109	7520001627109 Numbering Machine Office Tyne Self-Inking Pad Print Wheel Oty 6	2 00 Es	16.17	1.00	
411000118		4.00 La	10.17	1.10	
4110001130021	411000113002/ Retrigerator Mechanical Biologicals 4.5 Cubic Feet 115v 50/60hz	1.00 Ea	771.73	110.00	13.41
6640004397350	6640004397350 Spatula Laboratory 3 Inch Blade	2.00 Fa	0 17	0.13	
6640004397373	6640004397373 Spatula Laboratory Hard Rubber 8 Inch Rlade	2 00 E	11.05	3.5	0.0
700011700007		7.00 Ed	11.63	0.07	0.01
023001100660	0330011088090 Iray Lablet And Capsule Counting Plastic	2.00 Ea	11.78	0.20	0.00

APPENDIX C Proposed AMAL 630 – Pharmacy Consumables

Appendix C AMAL 630 – Pharmacy Consumables

NSN	NOMEN	TH ALL	India	1111	
6505009857301	Acetaminonhen Tablets IISP 0 325om 1000s	- 1	7 20	1 220	200
6505012069246	Acyclovir Capsules 200mg 100 Capsules Per Bottle		67.78	0.200	0.007
6505008917555	Ascorbic Acid Tablets USP 500 Mg 100s		2.09	0.220	0.012
6505001538750	Aspirin Tablets USP 0.324 Gm 1000s		8.13	1.000	0.059
6505001596625	Bacitracin Ointment USP 7100 Units 0.5oz Tube 12 Tubes/Package		0.88	0.790	0.038
6505005799110	Bacitracin Zinc and Polymyxin B Sulfate Ointment USP 1oz Tube	48.00 TU	2.49	0.060	0.008
6505010503547	Cimetidine Tablets USP 300mg 100s	2.00 BT	36.88	0.063	0.003
6505010235011	Clotrimazole Cream USP Topical 1% 15gm	20.00 TU	4.39	0.070	0.003
6505004002054	Codeine Phosphate and Acetaminophen Tablets USP 100 Tablets/Bt	2.00 BT	3.73	0.190	0.00
6505012303130	Diazepam Tablets USP 5mg 100 Tablets Per Bottle	3.00 BT	1.50	0.150	0.150
6505010985802	Diazepam Tablets USP 5mg Individually Sealed 100s	3.00 PG	2.03	0.400	0.050
6505003697289	Dicloxacillin Sodium Capsules USP 250mg 100 Capsules Per Bottle	5.00 BT	7.07	0.170	0.00
6505001168350	Diphenhydramine Hydrochloride Capsules USP 50mg 100 Caps/Bottle	4.00 BT	3.25	0.280	0.008
6505000096063	Doxycycline Hyclate Capsules USP 100mg 500 Capsules Per Bottle	3.00 BT	28.83	0.920	0.058
6505011534335	Doxycycline Hyclate Tablets USP 100mg 500 Tablets Per Bottle	3.00 BT	25.45	0.360	0.021
6505013770469	Ergotamine Tartrate and Caffeine Tablets USP 100 Tablets/Bottle	2.00 BT	63.84	0.650	0.012
6505011134758	Erythromycin Tablets USP 250mg 40s	20.00 BT	1.77	0.100	900.0
6505010222646		2.00 BT	2.10	0.050	0.005
6505014070381	Griseofulvin Tablets Ultramicrosize USP 125mg 100 Tablets/Bottle		22.21	0.650	0.012
6505013480278	Guaifenesin and Pseudoephedrine HCI Extended-Release Tablets 100s	2.00 BT	42.03	0.550	0.011
6505012816758	Hydrocortisone Acetate and Pramoxine Hydrochloride Cream 1oz	6.00 EA	6.02	0.120	0.007
6505009262095	Hydrocortisone Cream USP 1% 1 Oz (28.35 Gm) Tube	48.00 TU	0.97	0.110	0.005
6505010980247	Ibuprofen Tablets USP 600mg 500 Tablets Per Bottle	4.00 BT	11.22	1.280	0.044
6505012149062	Ibuprofen Tablets USP 800 Mg 500 Tablets Per Bottle	4.00 BT	14.12	1.470	1.470
6505012154825	Insulin Human Injection Modified 100un/MI 10ml Vial	2.00 VI	9.00	0.070	0.004
6505005900470	* Isometheptene Mucat Capsules 50/Bt		16.91	0.310	0.008
6505001326904	Isoniazid Tablets USP 300 Mg 100s	1.00 BT	3.47	0.320	0.011
6505010666568	* Loperimide Hydrochloride Capsules USP 2mg 100 Caps/Bt		7.14	0.080	0.004
6505011561844	Magnesia Alumina Hydrox Simethicone Tablets 50 Tablets/Bottle		3.13	0.120	0.018
6505009202111	Meclizine Hydrochloride Tablets USP Chewable 25 Mg 100s		2.02	0.110	900.0
6505011434643	Metronidazole Tablets USP 250mg 250 Tablets Per Bottle Neomycin&Polymyxin B Sulfates&Gramicidin Ophthalmic Sol USP 10m1	1.00 BT 6.00 RT	7.37	0.470	0.024
			27.10	0.00	700.0

^{*}Items added to upgrade clinical capability

APPENDIX C AMAL 630 – Pharmacy Consumables

NSN	NOMEN	OTV III	IIDD	TIP WIT GOIT	
6505010141378	Neomycin&Polymyxin B Sulfates&Hydrocortisone Otic Sol USP 10ml	12.00 PG	1 34	134 0130 0008	
6505005842338	Phenytoin Sodium Capsules Extended USP 100mg 1000 Caps/Bottle	1.00 BT	138.21	2.000	0.067
6505006873570		1.00 BT	13.17		0.790
6505010880499	* Scopolomine Hydrobromide Inj USP 0.4mg/MI Vial 25/Bx	1.00 PG	12.91		0.012
6505001839419	Sulfacetamide Sod Ophthalmic Ointment USP 10% 1/8 Oz (3.5 Gm)	12.00 TU	1.09	0.030	0.001
6505005607331	Sulfadiazine Silver Cream 1% Topical 400gm Jar	4.00 JR	14.54	1.250	0.047
6505010161470	Sulfamethoxazole and Trimethoprim Tablets USP 100 Tablets/Bottle	1.00 BT	5.26	0.370	0.020
6505001394600	Tetrahydrozoline Hydrochloride Ophthalmic Solution USP 0.05%15ml	24.00 BT	1.75	0.070	0.004
6505010696520	Theophylline Extended-Release Tablets 300mg 1000 Tablets/Bottle	1.00 BT			
6505009262241	Tolnaftate Topical Solution USP 1% 10 MI	12.00 RT	1 09	1 09 0 060	0.006
6505010083054	Undecylenic Acid and Zinc Undecylenate Powder 45gm	24.00 CO	1 09	0.000	0.000
6530011031305	Bottle Safety Cap 16 Drams (59ml) Capacity Amber/White Plas 200s	1.00 PG	29.65	3 500	0.000
6530000428525	Bottle Safety Cap Plas Light Res 150ml Cap Rating Child Res 100s	1.00 PG	21.73	7.000	1.000
6530000428421	Bottle Safety Cap Plas Light Res Cylindrical Wide Mouth 200s	1.00 PG			0.000
6530012725119	Bottle Safety Cap Plastic 4oz Capacity Light/Child Resistant 100s	1.00 PG			1.163
7690012563226	Label Paper Legend Keep Out Reach Children F/7690012538287 1000s		14.88	0.140	0.005
6240002556967	Lamp Incandescent 75 Watts	2.00 EA	0.30	0.000	0.000
6240003833668	Lamp, Fluorescent	8.00 EA	1.41	0.000	0.000
06017/1106169	Syringe & Needle Hypodermic Insulin 1ml Cap 28ga Sgl Scale 100s	1.00 PG	13.85	3.000	0.220

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	ver From The Sea concept, wi	th its emphasis on ra	pid temp	o, momentum, and flexibility.	
requires a medical supp	ort system that can keep pace	with the speed and	mobility o	of assault forces. To	
requires a medical support system that can keep pace with the speed and accomplish this objective, the logistical footprint of the forward resuscitative			surgical	function must be reduced	
without compromising the quality of clinical care rendered. The clinical requirements of the Shock Surgical			s of the Shock Surgical		
Team/Triage (SST), Acute Care Ward (Ward), and Operating Room (OR) at Echelon II determine in large pa			n II determine in large part		
the contents of pharmacy AMALs 629 (Equipment) and 630 (Consumables). This study evaluated current				udy evaluated current	
pharmacy Authorized Medical Allowance Lists (AMALs) and proposed changes to them as a function of					
previously established clinical requirements for the SST, Ward, and OR. Recommendations include the exclusion				ndations include the exclusion	
of supplies, particularly drugs, if they have a duplicate purpose or if there is no clinical requirement for them. Quantities of supplies, both drugs and equipment, were reduced to fulfill clinical requirements without				al requirement for them.	
compromising care. As a result of this analysis, proposed AMAL 629 showed a 55% reduction in number				reduction in number of items,	
2% reduction in total weight, and a 3% reduction in total cube. Proposed AMAL 630 showed a 69% r number of items, a 65% reduction in total weight, and a 24% reduction in total cube.				snowed a 69% reduction in	
number of items, a 05 %	reduction in total weight, and	a 24% reduction in to	nai cube.		
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